



Q RCE  
JW

|   |                      |                           |
|---|----------------------|---------------------------|
| <b>REQUEST<br/>FOR<br/>CONTINUED EXAMINATION (RCE)<br/>TRANSMITTAL</b><br><br>Subsection (b) of 35 U.S.C. §132, effective on May 29, 2000,<br>provides for continued examination of an utility or plant application<br>filed on or after June 8, 1995.<br>See The American Inventors Protection Act of 1999 (AIPA). | Application Number   | 10/690,545                |
|   | Filing Date*         | October 23, 2003          |
|   | First Named Inventor | Egill Sveinbjorn Egilsson |
|   | Group Art Unit       | 3738                      |
|   | Examiner Name        | David H. Willse           |
|   | Attorney Docket No.  | EGIL3002/JEK/JJC          |

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.  
**NOTE:** \* Filing date must be on or after June 8, 1995; but if before May 29, 2000, then consider a CPA.

1. Please consider the following as the required submission under 37 C.F.R. §1.114:

- ☒ a. The Amendment/Reply filed concurrently herewith.:
- ☐ b. The Information Disclosure Statement (IDS) filed on (date):
- ☐ c. The arguments in the Brief/Reply Brief filed on (date):
- ☐ d. The \_\_\_ page(s) of Form PTO-1449 and copy of each listed document filed (date):
- ☐ e. Other:

☐ 2. A \_\_\_\_\_ month Petition for Extension of Time is filed herewith.

☒ 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17 to Deposit Account No. 02-0200.

☒ 4. A check in the amount of \$ 790.00 is submitted herewith.

☐ 5. This Request is transmitted by facsimile to number (703) \_\_\_\_\_.

☐ 6. Other:

|   |                   |   |    |  |   |  |          |
|---|-------------------|---|----|--|---|--|----------|
| THE RCE FEE IS CALCULATED AS FOLLOWS:                   |                   |   |    |  |   | Basic Fee:                               | \$790.00 |
| Total Claims:   | 14                | - | 32 | (highest number previously paid for) = | 0 | X \$50 =                                 |          |
| Independent Claims:                                     | 8                 | - | 10 | (highest number previously paid for) = | 0 | X \$200 =                                |          |
| Correspondence Address:<br><br>23364<br>Customer Number |                   |   |    |  |   | Multiple Dependent Claim (add \$360.00): |          |
|   |                   |   |    |  |   | Subtotal:                                |          |
|   |                   |   |    |  |   | 50% Reduction if Small Entity Status:    |          |
| Phone: 703-683-0500 Fax: 703-683-1080                   |                   |   |    |  |   | Total:                                   | \$790.00 |
| Date:   | Name:             |   |    | Signature:                             |   | Reg. No.                                 |          |
| October 25, 2005  | JUSTIN J. CASSELL |   |    |  |   | 46,205                                   |          |

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